

POSITION	ID NO.	DATE
CLASSIFIER		4/1 1-3-95
EXAMINER	710	7-6-95
TYPIST		
VERIFIER		
CORPS CORR.	160080	5/4/95
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

INDEX OF CLAIMS

Claim	Date
Final	
Original	
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SYMBOLS:

- Rejected
 - Allowed
 - (Through number) Cancelled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
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Original	
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